

**FOR COUNTY USE ONLY**

County of San Bernardino

F A S**STANDARD CONTRACT**

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel		Vendor Code		SC		Dent. A		Contract Number 98-233 A-1	
County Department Arrowhead Regional Medical Center						Dept. Orgn.		Contractor's License No.	
County Department Contract Representative Mark H. Uffer, Director						Telephone 580-6150		Total Contract Amount \$25,051.88 per month	
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:									
If not encumbered or revenue contract type, provide reason:									
Commodity Code			Contract Start Date 5/1/98		Contract End Date 7/31/03		Original Amount		Amendment Amount
Fund EAD	Dept. MCR	Organization MCR	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No.		Amount \$25,051.88/mo.		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount		
Project Name "Just in Time"				Estimated Payment Total by Fiscal Year					
Logistics Program				FY	Amount	I/D	FY	Amount	I/D
Contract Type - 2(b)									

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name
Professional Hospital Supply
Address
41980 Winchester Road
Temecula, CA 92590
Telephone
(909) 296-2600

Hereinafter called Contractor

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT NO. 1

Amend Agreement No. 98-233 in the following manner:

1. **Amend** Section 3.0, Term of Contract, as follows:

This Agreement shall be effective for a sixty-one (61) month period with an annual review, after successful completion of the 60-day pilot program. Either party may terminate this Agreement at any time for any reason or no reason upon fourteen (14) days advance written notice (by certified mail) to the other, with exception of the pilot program timeframe. Contractor is not responsible for reimbursing the County for expenses involved in reestablishing its own distribution system in any amount.

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All other terms and conditions of Agreement No. 98-233 remain unchanged.

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COUNTY OF SAN BERNARDINO

► _____
Dennis Hansberger, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD
Clerk of the Board of Supervisors of the County of San Bernardino.

By _____
Deputy

Professional Hospital Supply
(Print or type name of corporation, company, contractor, etc.)

By: ► _____
(Authorized signature - sign in blue ink)

Name: _____
(Print or type name of person signing contract)

Title: _____
(Print or Type)

Dated: _____

Address: 41980 Winchester Road
Temecula, CA 92590

Approved as to Legal Form	Reviewed by Contract Compliance	Presented to BOS for Signature
► _____ County Counsel	► _____	► _____ Department Head

Auditor/Controller-Recorder Use Only	
<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By